1982 1982									
Comment Comm	IPDR6702 RUN DATE: 0	03/26/2005		IPRS	NORTH CAROLINA CHECKWRITE SUMMARY REPORT		PAGE	1	
Company				CHI	ECKWRITE DATE: 03/31/2005				
March Marc			I		FINANCIAL PAYER: NCDMH				
March Marc								TOTAL	TOTAL
100000 100000								CLAIMS	CLAIMS
MARCHAN	NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
STATUTE STAT	3404901	SMOKY MOUNTAINM	8599	615	DETAIL NOT COVERED BY COMBINAT				
100 100									
					BENEFIT PACKAGE.				
100 100			8931	118		136	919	1129	210
20 20 20 20 20 20 20 20					RVICES IN IPRS.				
1975 1975									
MATTHEW AND ADDRESS OF THE SECRET OF THE S			8505	62					
No.					NT BUDGET				
No.									
	3404904		8505	2106					
PR ACCESTION OF SECURITY 10 10 10 10 10 10 10 1		DS LME			NT BUDGET				
PR ACCESTION OF SECURITY 10 10 10 10 10 10 10 1									
1451 15 15 15 15 15 15 1			8622	60		8	2393	3338	945
NEW PROCESSOR, 20 1									
NEW PROCESSOR, 20 1			0.621	50	CO PROTESTAL VIIIIN VIII				
THE STATE COME MESTY 0 0 1 1 1 1 1 1 1 1			0021	2.5					1
A. SERVICES A. SERVICES									1
A. RETH CTH 1	2404005		0	0	*** MO DATE TO PEDODE ***				
150415 PATRIANY	2404202		0	0	NO DATA TO REPORT -**				1
1454910 MATHRATS		110 110111 (71)							
1454910 MATHRATS			0	0					
19			0	U .		0	0	0	0
19									
179 179	3404910	PATHWAYS	8505	2263					
100 100					NI DODOLI				
100 100									
			21	179	DUPLICATE OF CLAIM-SYSTEM	1	2999	7951	4945
			0220	100	GIATA DENITE ASSESSMENT DE CALIFOR				
14 15 15 15 15 15 15 15			6329	100					
NT BUDGET NT B									
NT BUDGET NT B	3404912		8505	812	CLAIM DENIED DUE TO INSUEFICIE				
	3404312		0303	012					
ION OF RECEPTINT, PROVIDER AND 24 S PROCEDURE COOK, PROCEDURE 24 S PROCEDURE COOK, PROCEDURE 3004913 NECKLENBURG COM 8329 263 CLAIM SERIED ATTENDING PROVIDE 24 EVALUATION OF RECEPTION PROVIDER 25 CLAIM SERIED ATTENDING PROVIDE 26 CLAIM SERIED ATTENDING PROVIDE 27 IN SUBSECULT OF THE TWE SAME AS 3004916 CROSSBOADS BEHA 8505 791 CLAIM SERIED DUE TO INSUFFICIE 3004916 CROSSBOADS BEHA 8505 791 CLAIM SERIED DUE TO INSUFFICIE 3104916 CROSSBOADS BEHA 8505 791 CLAIM SERIED DUE TO INSUFFICIE 3104916 CROSSBOADS BEHA 8505 791 CLAIM SERIED DUE TO INSUFFICIE 3104917 CRAL REAL 3105 CROSSBOADS BEHA 8505 791 CLAIM SERIED DUE TO INSUFFICIE 3105 CROSSBOADS BEHA 8505 791 CLAIM SERIED DUE TO INSUFFICIE 3105 CROSSBOADS BEHA 8505 791 CLAIM SERIED DUE TO INSUFFICIE 3106 CROSSBOADS BEHA 8505 791 CLAIM SERIED DUE TO INSUFFICIE 3106 CROSSBOADS BEHA 8505 791 CLAIM SERIED DUE TO INSUFFICIE 3107 CROSSBOADS BEHA 8505 791 CLAIM SERIED DUE TO INSUFFICIE 3108 CROSSBOADS BEHA 8505 791 CLAIM SERIED DUE TO INSUFFICIE 3108 CROSSBOADS BEHA 8505 791 CLAIM SERIED DUE TO INSUFFICIE 3108 CROSSBOADS BEHA 8505 791 CLAIM SERIED DUE TO INSUFFICIE 3108 CROSSBOADS BEHA 8505 791 CLAIM SERIED DUE TO INSUFFICIE 3108 CROSSBOADS BEHA 8505 791 CLAIM SERIED DUE TO INSUFFICIE 3108 CROSSBOADS BEHA 8505 791 CLAIM SERIED DUE TO INSUFFICIE 3108 CROSSBOADS BEHA 8505 791 CLAIM SERIED DUE TO INSUFFICIE 3108 CROSSBOADS BEHA 8505 791 CLAIM SERIED DUE TO INSUFFICIE 3108 CROSSBOADS BEHA 8505 791 CLAIM SERIED DUE TO INSUFFICIE 3108 CROSSBOADS BEHA 8505 791 CLAIM SERIED DUE TO INSUFFICIE 3108 CROSSBOADS BEHA 8505 791 CLAIM SERIED DUE TO INSUFFICIE 3108 CROSSBOADS BEHA 8505 791 CLAIM SERIED DUE TO INSUFFICIE 3109 CROSSBOADS BEHA 8505 791 CLAIM SERIED DUE TO INSUFFICIE 3109 CROSSBOADS BEHA 8505 791 CLAIM SERIED DUE TO INSUFFICIE 3109 CROSSBOADS BEHA 8505 791 CLAIM SERIED DUE TO INSUFFICIE 3109 CROSSBOADS BEHA 8505 791 CLAIM SERIED DUE TO INSUFFICIE 3109 CROSSBOADS BEHA 8505 791 CLAIM SERIED DUE TO INSUFFICIE 3109 CROSSBOADS BEHA 8505 791 CLAIM S									
ION OF RECEPTINT, PROVIDER AND 24 S PROCEDURE COOK, PROCEDURE 24 S PROCEDURE COOK, PROCEDURE 3004913 NECKLENBURG COM 8329 263 CLAIM SERIED ATTENDING PROVIDE 24 EVALUATION OF RECEPTION PROVIDER 25 CLAIM SERIED ATTENDING PROVIDE 26 CLAIM SERIED ATTENDING PROVIDE 27 IN SUBSECULT OF THE TWE SAME AS 3004916 CROSSBOADS BEHA 8505 791 CLAIM SERIED DUE TO INSUFFICIE 3004916 CROSSBOADS BEHA 8505 791 CLAIM SERIED DUE TO INSUFFICIE 3104916 CROSSBOADS BEHA 8505 791 CLAIM SERIED DUE TO INSUFFICIE 3104916 CROSSBOADS BEHA 8505 791 CLAIM SERIED DUE TO INSUFFICIE 3104917 CRAL REAL 3105 CROSSBOADS BEHA 8505 791 CLAIM SERIED DUE TO INSUFFICIE 3105 CROSSBOADS BEHA 8505 791 CLAIM SERIED DUE TO INSUFFICIE 3105 CROSSBOADS BEHA 8505 791 CLAIM SERIED DUE TO INSUFFICIE 3106 CROSSBOADS BEHA 8505 791 CLAIM SERIED DUE TO INSUFFICIE 3106 CROSSBOADS BEHA 8505 791 CLAIM SERIED DUE TO INSUFFICIE 3107 CROSSBOADS BEHA 8505 791 CLAIM SERIED DUE TO INSUFFICIE 3108 CROSSBOADS BEHA 8505 791 CLAIM SERIED DUE TO INSUFFICIE 3108 CROSSBOADS BEHA 8505 791 CLAIM SERIED DUE TO INSUFFICIE 3108 CROSSBOADS BEHA 8505 791 CLAIM SERIED DUE TO INSUFFICIE 3108 CROSSBOADS BEHA 8505 791 CLAIM SERIED DUE TO INSUFFICIE 3108 CROSSBOADS BEHA 8505 791 CLAIM SERIED DUE TO INSUFFICIE 3108 CROSSBOADS BEHA 8505 791 CLAIM SERIED DUE TO INSUFFICIE 3108 CROSSBOADS BEHA 8505 791 CLAIM SERIED DUE TO INSUFFICIE 3108 CROSSBOADS BEHA 8505 791 CLAIM SERIED DUE TO INSUFFICIE 3108 CROSSBOADS BEHA 8505 791 CLAIM SERIED DUE TO INSUFFICIE 3108 CROSSBOADS BEHA 8505 791 CLAIM SERIED DUE TO INSUFFICIE 3108 CROSSBOADS BEHA 8505 791 CLAIM SERIED DUE TO INSUFFICIE 3108 CROSSBOADS BEHA 8505 791 CLAIM SERIED DUE TO INSUFFICIE 3109 CROSSBOADS BEHA 8505 791 CLAIM SERIED DUE TO INSUFFICIE 3109 CROSSBOADS BEHA 8505 791 CLAIM SERIED DUE TO INSUFFICIE 3109 CROSSBOADS BEHA 8505 791 CLAIM SERIED DUE TO INSUFFICIE 3109 CROSSBOADS BEHA 8505 791 CLAIM SERIED DUE TO INSUFFICIE 3109 CROSSBOADS BEHA 8505 791 CLAIM SERIED DUE TO INSUFFICIE 3109 CROSSBOADS BEHA 8505 791 CLAIM S			8599	14	DETAIL NOT COVERED BY COMBINAT	5	837	912	75
24 5 PROCEGURE CODE, PROCEGURE COMENTS					ION OF RECIPIENT, PROVIDER AND	,	037	922	
					BENEFIT PACKAGE.				
COCE/TYPE OF SERVICE COMBINATI			24	5	PROCEDURE CODE, PROCEDURE/MODI				
SA04913 MECKLENBURG COM S329 263 CLAIM DENIED ATTENDING PROVIDE									
ENTAL HEALT R CANNOT BE THE SAME AS THE LMA O 0 263 263 A04916 CROSSROADS BEHA 8505 791 CLAIM DENIED DUE TO INSUFFICIE VIORAL HEAL THE LMA O 263 263 A04916 CROSSROADS BEHA 8505 791 CLAIM DENIED DUE TO INSUFFICIE VIORAL HEAL O 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					CODE/TYPE OF SERVICE COMBINATI				
ENTAL HEALT R CANNOT BE THE SAME AS THE IMA O 0 263 263 263 263 264 265 266 267 268 269 269 269 269 269 269 269	3404913	MECKLENBURG COM	8329	263	CLAIM DENIED ATTENDING PROVIDE				
0 0 263 263 3404916 CROSSROADS BEHA 8505 791 CLAIM DENIED DUE TO INSUFFICIE VICRAL HEAL NT BUDGET 27 19 DIAGNOSIS CODE MISSING OR INVA 0 851 2119 LID. VERIFY AND ENTER THE 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1									
S404916 CROSSROADS BEHA					and and the				-
VIORAL HEAL			0	0		0	263	263	0
VIORAL HEAL									1
VIORAL HEAL	3404916	CROSSROADS BEHA	8505	791					1
LID. VERIFY AND ENTER THE CORRECT DIAGNOSIS CODE AND SUB S599 15 DETAIL NOT COVERED BY COMBINAT INCOMPRESSION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. 3404917 CENTERPOINT HUM 21 3660 DUPLICATE OF CLAIM-SYSTEM AN SERVICES S599 882 DETAIL NOT COVERED BY COMBINAT INCOMPRESSION OF RECIPIENT, PROVIDER AND S699 882 DETAIL NOT COVERED BY COMBINAT S709 S820 DETAIL NOT COVERED BY COMBINAT S709 SEVERE DUPLICATE: SAME ATTO FR					NT BUDGET				
LID. VERIFY AND ENTER THE CORRECT DIAGNOSIS CODE AND SUB S599 15 DETAIL NOT COVERED BY COMBINAT INCOMPRESSION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. 3404917 CENTERPOINT HUM 21 3660 DUPLICATE OF CLAIM-SYSTEM AN SERVICES S599 882 DETAIL NOT COVERED BY COMBINAT INCOMPRESSION OF RECIPIENT, PROVIDER AND S699 882 DETAIL NOT COVERED BY COMBINAT S709 S820 DETAIL NOT COVERED BY COMBINAT S709 SEVERE DUPLICATE: SAME ATTO FR									
LID. VERIFY AND ENTER THE CORRECT DIAGNOSIS CODE AND SUB 8599 15 DETAIL NOT COVERED BY COMBINAT 100 OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. 3404917 CENTERPOINT HUM 21 3660 DUPLICATE OF CLAIM-SYSTEM AN SERVICES 8599 882 DETAIL NOT COVERED BY COMBINAT 100 OF RECIPIENT, PROVIDER AND 100 OF RECIPIENT, PROVID			27	19		0	851	2119	1268
ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. 3404917 CENTERPOINT HUM 21 3660 OUPLICATE OF CLAIM-SYSTEM AN SERVICES 8599 882 DETAIL NOT COVERED BY COMBINAT 534 6042 23403 ION OF RECIPIENT, PROVIDER AND 100 OF RECIPIENT, PROVIDER AND SENEFIT PACKAGE.					DIRECTO CODE AND SUB				-
SEMEFIT PACKAGE.			8599	15					
3404917 CENTERPOINT HUM 21 3660 DUPLICATE OF CLAIM-SYSTEM AN SERVICES 8599 882 DETAIL NOT COVERED BY COMBINAT 534 6042 23403 ION OF RECIPIENT, PROVIDER AND SENEFIT PACKAGE.									-
AN SERVICES 8599 882 DETAIL NOT COVERED BY COMBINAT 10N OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. 5404 350 SEVERE DUPLICATE: SAME ATTO FR									-
8599 882 DETAIL NOT COVERED BY COMBINAT 534 6042 23403 ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. 5404 350 SEVERE DUPLICATE: SAME ATTO PR	3404917		21	3660	DUPLICATE OF CLAIM-SYSTEM				
ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. 5404 350 SEVERE DUPLICATE: SAME ATTO PR		AN SERVICES							1
ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. 5404 350 SEVERE DUPLICATE: SAME ATTO PR									
SENEFIT PACKAGE. 5404 350 SEVERE DUPLICATE: SAME ATTO FR		-	8599	882		534	6042	23403	17361
									1
VY 1 COUNT 2007 (DUS) (BUD			5404	350					1

PROVIDER NUMBER 3404918	PROVIDER NAME	HIGH DENIAL	NUMBER OF					
		EOBS	DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
3404918		EODS	DENTALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
	ROCKINGHAM CO M	21	298	DUPLICATE OF CLAIM-SYSTEM	+			
	ENTAL HEALT							
		8505	89	CLAIM DENIED DUE TO INSUFFICIE	8	454	1927	147
				NT BUDGET				
				-	+			
	-	8800	20	FURTHER PROCESSING NECESSARY,	+			
	-	-		PLEASE CHECK FOR CLAIM ON	+			
				FUTURE RA'S.				
3404919	GUILFORD CO MEN	8505	1259	CLAIM DENIED DUE TO INSUFFICIE				
	TAL HEALTHC			NT BUDGET				
				-	+			
	-	8599	204	DETAIL NOT COVERED BY COMBINAT	32	1568	4833	326
	-	-		ION OF RECIPIENT, PROVIDER AND		1300	4033	520
				BENEFIT PACKAGE.				
		191	32	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
	+	+	+	+	+	+		
3404920	27.21/21/20 (22.0007	5404	99	SEVERE DUPLICATE: SAME ATTD PR	+			
	ALAMANCE CASWEL L AREA MH D	1		OV/PCODE/TOS/DOS/MOD	+		 	
		+	+	+	+			
	+	_			1			
		8505	91	CLAIM DENIED DUE TO INSUFFICIE	0	221	370	14
				NT BUDGET				
		21	18	DUPLICATE OF CLAIM-SYSTEM				
	+		-10	DOLLIGHT OF CHIEF STOTES	+			
					+			
3404921	ORANGE PERSON C	8505	4753	CLAIM DENIED DUE TO INSUFFICIE				
	HATHAM AREA			NT BUDGET				
	_	5312	2452	PRIOR AUTHORIZED DOLLARS EXCEE	+			
		3312	2432	DED	33	7845	8636	79
	+	_	_		+			
					+			
	-	8599	323	DETAIL NOT COVERED BY COMBINAT	+			
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404922	THE DURHAM CENT	8599	207	DETAIL NOT COVERED BY COMBINAT				
	ER			ION OF RECIPIENT, PROVIDER AND				
	_	_		BENEFIT PACKAGE.				
		8329	30	CLAIM DENIED ATTENDING PROVIDE	-	200	000	
	+	- 0323	-100	R CANNOT BE THE SAME AS	1	289	982	69
	-	-		THE LMA	+			
				1	*			
		8518	17	CLAIM DENIED, SUBMITTED BEYOND				
	1			FILING TIMELIMIT. MAY AND				
				JUNE DOS MUST BE SUBMITTED BY				
3404923	WORM ADDA	23	41	SERVICE REQUIRES PRIOR APPROVA	+		 	
J404523	VGFW AREA AUTHO	- 23	4.1	L	+	 	 	-
	RITY	+	+	+	+		 	
	+	+	+	+	+			
	+	8599	36	DETAIL NOT COVERED BY COMBINAT	0	159	1305	112
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		0505	26	CLAIM DENTED DUD TO TVC		<u> </u>		
	+	8505	36	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	+	+		
	+	+		NI BODGET	+		 	
	+	+	+	+	+		 	
3404925	SANDHILLS CENTE	8505	3294	CLAIM DENIED DUE TO INSUFFICIE	+	 	 	
	R FOR MH/DD	+		NT BUDGET	 			
					1			
	<u> </u>	<u> </u>			<u> </u>			
		5404	593	SEVERE DUPLICATE: SAME ATTD PR	54	5267	9418	415
				OV/PCODE/TOS/DOS/MOD				1
				_				
		0500	421	NAME AND COLUMN BY CO.				
		8599	421	DETAIL NOT COVERED BY COMBINAT				
		8599	421	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
404006		0021	1500	NAMES OF THE PARTY				
3404926	SOUTHEASTERN RE	8931	1509	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
	G MENTAL HL			117 1020 117 1110.				
		21	1369	DUPLICATE OF CLAIM-SYSTEM	2619	7799	11780	3981
		8599	1205	DETAIL NOT COVERED BY COMBINAT				
		0333	1203	ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
8404927	CUMBERLAND CO M	8599	216	DETAIL NOT COVERED BY COMBINAT				
	HC			ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
				BENEFII FACKAGE.				
		8505	133	CLAIM DENIED DUE TO INSUFFICIE	3	408	2944	2536
				NT BUDGET	_			
		0.4	0.0					
		21	20	DUPLICATE OF CLAIM-SYSTEM				
8404929	LEE HARNETT MH/	8329	19	CLAIM DENIED ATTENDING PROVIDE				
	DD/SAS			R CANNOT BE THE SAME AS				
				THE LMA				
		8518	11	CIATM DENTED, CUDMITTED NAVANA			<u> </u>	
		0310		CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. MAY AND	0	40	282	242
			 	JUNE DOS MUST BE SUBMITTED BY			+	
			 				 	
		21	4	DUPLICATE OF CLAIM-SYSTEM				
404000		0005	4.7					
404930	JOHNSTON COUNTY	8935	17	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
	MNTL HLTHC			ividad in iind.				
		8931	4	AMTNC INELIGIBLE TO RECEIVE SE	22	33	113	80
				RVICES IN IPRS.				1 81
		8599	4	DETAIL NOT COVERED BY COMBINAT				
		0333	*	ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
404931	WAKE CO HUM SVC	8599	373	DETAIL NOT COVERED BY COMBINAT				
	BILLING OF			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		191	136	CLIENT ID NUMBER DOES NOT MATC	0.0	4070	4.6700	45844
			130	H PATIENT NAME	36	1079	16793	242
		8621	126	60 RESIDENTIAL LEVEL III TREAT				
				MENT RECEIVED, PA IS REQUIRED				
				FOR ADDITIONAL SERVICE.				
404932	RANDOLPH/SANDHI	0	0	*** NO DATA TO REPORT ***			+	
	LLS CO MH C							
		<u> </u>					<u> </u>	
-								
		0	U		0	0	0	0
			1				 	
404933	CONTRACTOR OF	8505	544	CLAIM DENIED DUE TO INSUFFICIE			-	
	R FOR MH/DD		†	NT BUDGET			<u> </u>	
		8800	165	FURTHER PROCESSING NECESSARY,	21	816	3434	2618
			—	PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
			 				-	
		8599	41	DETAIL NOT COVERED BY COMBINAT			+	
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
404934	ONSLOW COUNTY B	8599	72	DETAIL NOT COVERED BY COMBINAT				
	EHAVIORAL H		ļ	ION OF RECIPIENT, PROVIDER AND			<u> </u>	
			1	BENEFIT PACKAGE.			 	
		8505	54	CLAIM DENIED DUE TO INSUFFICIE	-	000	4,444	1000
				NT BUDGET	5	228	1441	1208
			1				†	
		21	46	DUPLICATE OF CLAIM-SYSTEM				
		21	46	DUPLICATE OF CLAIM-SYSTEM				

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
404005		0	0	*** NO DATA TO REPORT ***				
8404935	WAYNE CO MENTAL	0	· ·	NO DATA TO REPORT				-
	HEALTH CTR							-
								-
		0	0		0	0	0	-
					Ü			
3404936	WILSON-GREENE M	8505	259	CLAIM DENIED DUE TO INSUFFICIE				
	ENTAL HEALT			NT BUDGET				
		8599	10	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	14	294	728	43
				BENEFIT PACKAGE.				-
				DENEFII FACKAGE.				
		8931	10	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404937	EDGECOMBE NASH	8505	110	CLAIM DENIED DUE TO INSUFFICIE				
	MNTL HLTH C			NT BUDGET				
		0.4						
	1	21	28	DUPLICATE OF CLAIM-SYSTEM	0	166	1528	136
	+							
	+							-
		8800	20	FURTHER PROCESSING NECESSARY,				
	+		1	PLEASE CHECK FOR CLAIM ON	1			
				FUTURE RA'S.				
3404938	VGFW DBA RIVERS	24	17	PROCEDURE CODE, PROCEDURE/MODI				
	TONE COUNSE			FIER COMBINATION OR PROCEDURE				
				CODE/TYPE OF SERVICE COMBINATI				
		5404	2	SEVERE DUPLICATE: SAME ATTD PR	1	21	462	44
				OV/PCODE/TOS/DOS/MOD				
		8599	1	DETAIL NOT COVERED BY COMBINAT				-
		0000	-	ION OF RECIPIENT, PROVIDER AND				-
				BENEFIT PACKAGE.				
3404939	NEUSE MENTAL HE	8651	11	ONLY FOUR UNITS ALLOWED PER MO				
	ALTH CENTER			NTH				
		0	0		0	11	31	2
3404941	PITT CO MH/DD/S	8329	106	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS				-
	AS CENTER			THE LMA				
				A AAAA AAN'AA A				-
		8599	93	DETAIL NOT COVERED BY COMBINAT	37	395	1074	67
				ION OF RECIPIENT, PROVIDER AND	37	393	1074	07
				BENEFIT PACKAGE.				
		11	69	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
2404042		0500	60	DUMANTA NOTI COMPANIA DAY COMPANIA				<u> </u>
3404942	ROANOKE CHOWANH	8599	69	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
	UMAN SERVIC			ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				<u> </u>
	+		-	- LANGUAGE.				<u> </u>
	+	8931	10	AMTNC INELIGIBLE TO RECEIVE SE	4 5	^^	1100	110
	+		1	RVICES IN IPRS.	15	90	1190	110
		21	4	DUPLICATE OF CLAIM-SYSTEM				
		5404						
3404943	ALBEMARLE MENTA	5404	66	SEVERE DUPLICATE: SAME ATTD PR				ļ
	L HEALTH CE			OV/PCODE/TOS/DOS/MOD				
	1			1				
	+	21	27	DUPLICATE OF CLAIM-SYSTEM		0	4.0	
	+	1	1		43	222	1626	89
	+	1		+	1			
	+	1		+	1			
	+	8599	27	DETAIL NOT COVERED BY COMBINAT				t
	1	-	 	ION OF RECIPIENT, PROVIDER AND		l	l	
				BENEFIT PACKAGE.				

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF					_
NUMBER		EOBS	DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EUBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404944		0.505		CLAIM DENIED DUE TO INSUFFICIE				
3404944	EASTPOINTE HUMA	8505	194					
	N SERVICES			NT BUDGET				
		8599	22	DETAIL NOT COVERED BY COMBINAT	20	239	895	656
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8931	10	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
								†
						1		t
3404946	FOOTHILLS AREAM	23	60	SERVICE REQUIRES PRIOR APPROVA				
	ENTAL HEALT		-	Ti.				
	ENIAL HEALI							
		0	0					
		v	U		(60	60	0
3404957	TIDELAND MENTAL	8932	14	CMTNC INELIGIBLE TO RECEIVE SE				
	HEALTH CTR			RVICES IN IPRS.				
		8599	7	DETAIL NOT COVERED BY COMBINAT	19	27	132	105
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8931	5	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404979	NEW RIVER AREAM	21	333	DUPLICATE OF CLAIM-SYSTEM				
	H/DD/SA PRO							
	n/DD/SA PRO					-		
						-		-
		8599	178	DETAIL NOT COVERED BY COMBINAT		-		
		0333	1/0		101	691	4279	3588
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8931	87	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				1